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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration  
Submitted With Initial  
Filing

OR

☒ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number EX04-013C-US

First Named Inventor Gendreau

COMPLETE IF KNOWN

Application Number /

Filing Date August 10, 2005

Art Unit

Examiner Name

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**DYRKs AS MODIFIERS OF THE APC AND AXIN PATHWAYS AND METHODS OF  
USE**

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 02/10/2004 as United States Application Number or PCT International

Application Number PCT/US2004/003803 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number	23500	OR	<input type="checkbox"/> Correspondence address below
Name Laleh Shayesteh					
Address Exelixix, Inc. P.O. Box 511 170 Harbor Way					
City South San Francisco		State CA		ZIP 94083-0511	
Country USA		Telephone 650-837-8223		Fax 650-837-8234	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Steven Brian			Family Name or Surname Gendreau		
Inventor's Signature				Date	
Residence: City San Francisco		State CA	Country US	Citizenship US	
Mailing Address 1905 Laguna Street, #105					
City San Francisco		State CA	Zip 94115	Country US	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Eva Lorena			Family Name or Surname Morablanco		
Inventor's Signature				Date	
Residence: City Berkeley		State CA	Country US	Citizenship US	
Mailing Address 2112 McKinley Avenue, Unit D					
City Berkeley		State CA	Zip 94703	Country US	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 2 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					

**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 1 of 1

<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Timothy S.		Heuer	
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Given Name (first and middle (if any))		Family Name or Surname	
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<b>Name of Additional Inventor, if any</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Danxi		Li	
<b>Inventor's Signature</b>		<b>Date</b>	
<b>Residence: City</b>		<b>State</b>	
<b>Country</b>		<b>Citizenship</b>	
<b>Mailing Address</b>			
<b>Mailing Address</b>			
<b>City</b>		<b>State</b>	
<b>Zip</b>		<b>Country</b>	

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